FAX to: Tannor Kopp 304.876.7248 DO NOT USE COVER SHEET Return by:

Participant Background Survey

	Course: Dates: Location:	es:			
Please complete and return this survey form by the return date above. The information will be used to give inst the general make-up of the class so they can gear their instruction accordingly. Thank you in advance for your					
Name Duty Station: Address:			Staying On-Site: Commuting: Phone: E-Mail:		
1.	What is yo	ur job title?			
2.	What finan	ce responsibilities do you have in your current job?			
3.	What traini	ng have you had regarding finance?			
4.	How long h	ave you been working with FFS?			
5.	What do yo	ou hope to learn in this course?			
6.	List any sp	ecific questions you would like answered during this co	ourse?		